

Chronic Disease Focus Groups

Executive Summary

**Chronic Disease Consumer Education Campaign
Missouri Department of Health & Senior Services**

**MediaCross, Inc.
St. Louis, Missouri Department of Health and Senior Services**

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Executive Summary

Between March 15 and April 4, 2007, MediaCross, Inc. – in partnership with the Missouri Department of Health and Senior Services, and the University of Missouri Center for Advanced Social Research – conducted five focus groups in geographically-dispersed Missouri communities. Each focus group consisted of Missouri adults ages 45 and older, and the communities we visited were chosen so that the two largest population centers (St. Louis and Kansas City) would be represented, as well as one medium-size market and two diverse smaller markets. UM's Center for Advanced Social Research recruited 12 participants for each location using a random-dial phone system and script, and we had between 5 and 9 people show up for each focus group.

The end result was a mix of urban and rural participants, with gender and ethnic diversity representative of the areas from which we recruited; we also wound up with a high prevalence of participants who reported they had one or more chronic diseases. While we did not ask the ages of participants once they arrived, we know from information some of them volunteered that ages ran from 44 to 83, and perhaps even older. The focus groups in St. Louis, Kansas City and Springfield appeared to skew slightly younger than the focus groups in Poplar Bluff and Kirksville.

The goals of the focus groups were three-fold:

- Learn about the current behaviors and perceptions of our target audience regarding nutrition education, physical activity, and identifying and managing chronic health risks.
- Learn where members of our target audience would go to seek additional information when they need it, and what type of information would be most useful to them.
- Identify the most appropriate and compelling messages for each target group in regards to identifying and managing chronic disease, and what types of creative execution they preferred in the media.

Focus group participants ranged from healthy eaters with active lifestyles and few or no significant health risk factors to people who face numerous chronic diseases that they are currently trying to manage. While most participants had at least one chronic condition they currently have or are at risk for, virtually every focus group participant also had at least one family member who has been identified as being at risk for or currently suffers from a chronic condition. Overall, participants were very knowledgeable about what constitutes a chronic disease and believed that specific actions – eating better, exercising more, quitting smoking – can either prevent or delay the onset of many chronic diseases and/or enable a person to live with the disease longer once they have been diagnosed. There was also a prevalent belief that by identifying a chronic disease earlier, the patient has a much better chance of living longer and at a higher quality of life than when a disease is not detected early.

Most focus group participants acknowledged that they know enough about good nutrition to make good food choices, but cited time, money, lack of mealtime companionship and laziness as reasons they often don't eat the best options available to them. Older participants or those who had lost spouses and now lived alone said it is expensive to "cook for one," and shared their

strategies for getting at least one square meal a day. Similarly, most participants felt they knew enough about physical activity to begin an appropriate exercise program if they wanted to, but lack of time and lack of motivation were the two main reasons that the majority of participants in both age groups do not exercise regularly. In general, it seemed that people are more likely to make and stick to a dietary change than they are likely to begin and keep up a new exercise routine. There was a definite recognition across groups that diet and exercise are important to good overall health, not just weight loss.

Of the participants who smoke or use tobacco products, most of them admitted they know how bad this habit is, and most had also tried to quit smoking numerous times at the urging of doctors or family members. While about half the participants in each group reported they had smoked at some time in their life, the “quit rate” was much higher in the urban areas than rural areas. In Poplar Bluff, and possibly other locations as well, participants used our brief intermission to go outside and smoke.

Also significant to note, the vast majority of participants say they have a regular doctor with whom they have a good relationship, although upon further discussion it became evident that most people have had to seek a second opinion at least once when they did not believe their doctor had given them a correct diagnosis. Only a few people reported they did not have a regular physician, and very few said they visit a doctor less than once a year. Since most of our audience suffered from one or more chronic diseases, many reported seeing their doctors every one to three months.

After spending about 45 minutes talking about health behaviors and media preferences, we moved on to introduce seven overarching messages, which were presented one at a time in random order in plain black type on white posterboard. We noted the participants’ opinions of the isolated messages and gave them an opportunity to tell us which messages they liked and why. We then moved on to showing one or more creative executions for each message; these were presented as full-color posters on black boards, and the moderator read each poster in its entirety to the group.

While there were certainly diverse opinions expressed in each of the focus groups, trends in preferences were fairly consistent across groups, and people tended to like or dislike things for the same reasons. Messages that were not especially well-liked or well understood included “Power Tools for Healthy Living” (people thought of exercise equipment or literally power tools); “Good Health; It’s Your Choice” (many people expressed the fact that they no longer have good health and it’s *not* their choice anymore); “It’s Your Health; Feel Good About It” (again, people unfortunately don’t always feel good about their health, although others thought this was empowering) and “Change Your Habits. Change Your Life. (while many people liked how this sounds and felt it was true, there was a consensus that annual doctor visits and screenings were not immediately identified with the word “habit;” smoking, exercise and dietary changes were what they thought of as “habits”).

Phrases they liked best included two “gain-frame” messages (phrases that express what benefits you can expect to receive if you take a particular action) and one “loss-frame” message (phrases that express what you will miss out on if you do not take a particular action). The two similar

gain-frame messages were “Live Like Your Life Depends On It” and “Live For The Rest Of Your Life.” The loss-frame message they liked was “It’s Your Health. Don’t Risk It.”

Regarding the creative executions of the various messages, there was also consistent preference among each focus group and all sub-groups for creative approaches that prominently feature healthy-looking, “real” people they could identify with. The social norming approach (using real-looking people in a testimonial format to promote the healthy behaviors we want our target audience to model) was perhaps the most well-received. The close second was the loss-frame message “It’s Your Health. Don’t Risk It” coupled with images of the milestone events that people could miss out on if they are not careful with their health. As we narrow down the options for the May 22, 2007 presentation, we will be focusing on “Live Like Your Life Depends On It” for the gain-frame approach and “It’s Your Health. Don’t Risk It” for a loss-frame approach. We will develop two appropriate creative executions for both messages.

In reviewing the focus group preferences in the context of the other formative research, we also believe that we can make a minor modification to “Change Your Habits. Change Your Life.” to overcome focus group participants’ concern about the word “Habit.” In the creative executions shown on May 22, we will include one or two options for an overarching themeline of “Change Your Ways. Change Your Life.” The particular execution will feature an approach suggested in several of the focus groups, which will contrast the ways your future could be different based on the choices you make today.